


**FILED**  
MAY 29 2008  
CLERK, U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA  
BY  DEPUTY

K:\COMMON\FORMS\CIV-67.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. \_\_\_\_\_

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. \_\_\_\_\_

3. In the past twelve months have you received any money from any of the following sources?:

- |   |   |
|---|---|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Gifts or inheritances                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Spousal or child support                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| h. Any other sources                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. \_\_\_\_\_

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): \_\_\_\_\_

b. Present balance in account(s): \_\_\_\_\_

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): \_\_\_\_\_

b. Present balance in account(s): \_\_\_\_\_

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_

b. Is it financed? ☐ Yes ☒ No

c. If so, what is the amount owed? \_\_\_\_\_

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. \_\_\_\_\_

\_\_\_\_\_

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. \_\_\_\_\_

\_\_\_\_\_

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.**

5-25-08

DATE

Ted D. Daniel

SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

### PRISON CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant Ted Damell Daniels  
(NAME OF INMATE)

T23705

(INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at

Centinela State Prison

(NAME OF INSTITUTION)

I further certify that the applicant has the following securities 0

to his/her credit according to the records of the aforementioned institution. I further certify that during

the past six months the applicant's *average monthly balance* was \$ 3.68

and the *average monthly deposits* to the applicant's account was \$ 3.68

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT  
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD  
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

May 28, 2008  
DATE

Gracie Rojas  
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Gracie Rojas  
OFFICER'S FULL NAME (PRINTED)

Account Clerk II  
OFFICER'S TITLE/RANK

**TRUST ACCOUNT WITHDRAWAL AUTHORIZATION**  
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Ted D. Daniels # F-23705, request and authorize the agency holding me in  
(Name of Prisoner/ CDC No.)  
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$150 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

5-23-08

DATE

Ted D. Daniels

SIGNATURE OF PRISONER

REPORT ID: TS3030 .701 REPORT DATE: 05/28/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
CENTINELA STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU MAY 28, 2008

ACCOUNT NUMBER : T23705 BED/CELL NUMBER: FFB5T1000000147L  
ACCOUNT NAME : DANIELS, TED DARNELL ACCOUNT TYPE: I  
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
11/01/2007			BEGINNING BALANCE					0.00
ACTIVITY FOR 2008								
05/08	DD30		CASH DEPOSIT	6621 MLRM		22.05		22.05
05/08	W512		LEGAL POSTAGE	6632 05/06			0.97	21.08
05/08	W512		LEGAL POSTAGE	6632 05/06			0.15	20.93
05/08	W512		LEGAL POSTAGE	6632 04/29			4.60	16.33
05/08	W515		COPY CHARGE	6631 RGCOP			1.90	14.43
05/08	W515		COPY CHARGE	6631 RGCOP			0.10	14.33
05/08	W516		LEGAL COPY CH	6630 05/06			1.40	12.93

CURRENT HOLDS IN EFFECT

DATE	PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
04/02/2008	H102		EYEGLASSES HOLD	5749 VISON	9.00
05/28/2008	H118		LEGAL COPIES HOLD	7019 05/25	21.10

\* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 07/27/01 CASE NUMBER: SCD149951  
COUNTY CODE: SD FINE AMOUNT: \$ 10,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
11/01/2007		BEGINNING BALANCE		9,751.50
05/08/08	DR30	REST DED-CASH DEPOSIT	24.50-	9,727.00

REPORT ID: TS3030 .701

REPORT DATE: 05/28/08  
PAGE NO: 2CENTINELA STATE PRISON  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU MAY 28, 2008

ACCT: T23705 ACCT NAME: DANIELS, TED DARNELL ACCT TYPE: I

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*  
\* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. \*

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	22.05	9.12	12.93	30.10	0.15

THE WITHIN DOCUMENT IS A GENUINE  
COPY OF THE TRUST ACCOUNT MAINTENANCE  
BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY TRUST OFFICE

CURRENT  
AVAILABLE  
BALANCE

17.32-